Fifective October 1, 2000 O 97-59 089													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY				
TOTAL CLAIMS								RATE	FEE			FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	+	OR			
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•			X\$ 9=	1	OR			
INDEPENDENT CLAIMS			2 minus 3 =					X40=	†	OR	\		
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+135=	+	1			
• (I the differenc	e in column 1 is	less than z	ero, enter	"O" in column 2			TOTAL	-	OR	L		
CLAIMS AS AMENDED - PART II								IOIAL	<u> </u>	OR			
_		(Column 1)	(Column 2) (Column 3				SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	. 63	Minus	- 20)	-43		X\$ 9=	38700	OR	X\$18=		
AME	Independent	<u> 3</u>	Minus	-3		-		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			+270=		
							Ł	TOTAL	0.48	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE 3% 7.00 OR ADDIT. FEE					
8		CLAIMS		HIGH	ST	(Column 3)	ı	μ	ADDI-	1 1		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT	Total	. 63	Mintis	. 6		=		X\$ 9=	res	OR	X\$18=	FEE	
ME	Independent	• 3	Minus	3		•	H	X40=			X80=		
•	FIRST PRESE	ENTATION OF MIL	ILTIPLE DE	ENDENT	CLAIM		1	/		OR	~~~		
					!	19:11 4.7		+135=		OR	+270=		
	•	(Column 1) 7-12-05 (Column 2) (Column 3)						TOTAL DOT. FEE		OR ,	TOTAL VODIT, FEE		
	· .		1-12-0			(Column 3)	•				1.76		
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID P	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 63	Minus	•• k	,3		Γ	X\$ 9=		OR	X\$18=		
A ME	Independent	9	Minus		3	•		X40=		OR	X80=		
_	PHSI PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-						
* If the entry in column 1 is less than the entry in column 2, write 'U' in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDITIONS OF ADDITIO													
	The "Highest Nu	mber Previously Paid ber Previously Paid	d For IN THE	SPACE In I	iese fhar	3 anter 3	_	OIT. FEE			DOIT, PEEL		
_	***											•	

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FORM PTO-675 (Rev. 8/00)

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Application or Docket Number